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FORM APPROVED OMB NO. 0938-0193

HEALTH CARE FINANCING ADMINISTRATION	OMB NO: 0936-	0190
	1. TRANSMITTAL NUMBER: 2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	<u>0 1 — 0 0 1</u> Minnesota	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCI	AL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN 🗵 AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447.252	a. FFY 101 \$ 0 b. FFY 102 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	 N
51 2	OR ATTACHMENT (If Applicable):	
Att. 4.19-A (Inpat. Hospital), pp. 1-50	Att. 4.19-A (Inpat. Hospital), pp. 1-48	
10. SUBJECT OF AMENDMENT:		
Methods and Standards for Determining Payment Ra	ites for Inpatient Hospital Services Provide	d
by Non-State Owned Facilities		
11. GOVERNOR'S REVIEW (Check One):		
	COTUED AS SPECIFIED.	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	
 ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 		
40 CIONATURE OF OTATE ARENOVERS		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	Stephanie Schwartz	
Mary B. Kennedy	Minnesota Department of Human Services	
14. TITLE:	Federal Relations Unit	
Medicaid Director	444 Lafayette Road North	
15. DATE SUBMITTED:	St. Paul, Minnesota 55155-3853	
FEbruary 2, 2001		
FOR REGIONAL OFF		
17. DATE RECEIVED: FEB 0 5 2001	18. DATE APPROVED / /	
PLAN APPROVED - ON	VE COPY ATTACHED	
	20. SIGNATURE OF REGIONAL OFFICIAL:	
January 1, 200,	Mulapans	
21. TYPED NAME:	22. TITLE:	
	TOVED	
23. REMARKS:	RECEIVED	
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Methods and Standards for Determining Payment Rates for Inpatient Hospital Services Provided by Non-State Owned Facilities

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94-08/93-39/93-33/92-44/92-31/91-17/90-25)

1.0 PURPOSE AND SCOPE

The Minnesota inpatient hospital payment system under the Medical Assistance program is authorized by state law. Payment rates are prospectively established on a per admission or per day basis under a diagnostic related group (DRG) system that condenses Medicare categories into Minnesota diagnostic categories. Rates are differentiated by eligibility (Medical Assistance, Minnesota Family Investment Program or MFIP, Medical Assistance non-MFIP) and specialty (Rehabilitation Distinct Part, Neonatal Transfer). The system provides for the payment of operating and property costs with additional payments including a disproportionate population adjustment and an appeals mechanism.

The rate setting methodology is based on the cost finding and allowable cost principles of the Medicare program. The rates are established for each calendar year using hospital specific Medical Assistance claims data and cost that is trended for inflation to the current year from a base year. Rates are rebased to more current data every two years.

The methodology described in this Attachment is effective for admissions occurring on or after October 25, 1993.

To be eligible for payment, inpatient hospital services must be medically necessary.

Minnesota has in place a public process which that complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

2.0 **DEFINITIONS**

Accommodation service. "Accommodation service" means those inpatient hospital services included by a hospital in a daily room charge. They are composed of general routine services and special care units. These routine and special care units include the nursery, coronary, intensive, neonatal, rehabilitation, psychiatric, and chemical dependency units.

Adjusted base year operating cost. "Adjusted base year operating cost" means a hospital's allowable base year operating cost per admission or per day, adjusted by the hospital cost index.

Admission. "Admission" means the time of birth at a hospital or the act that allows a recipient to officially enter a hospital to receive inpatient hospital services under the supervision of a physician who is a member of the medical staff.

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Allowable base year operating cost. "Allowable base year operating cost" means a hospital's base year inpatient hospital cost per admission or per day that is adjusted for case mix and excludes property costs.

Ancillary service. "Ancillary service" means inpatient hospital services that include laboratory and blood, radiology, anesthesiology, pharmacy, delivery and labor room, operating and recovery room, emergency room and outpatient clinic, therapy, medical supplies, renal dialysis, psychiatric, and chemical dependency services customarily charged in addition to an accommodation service charge.

Base year. "Base year" means a hospital's fiscal year that is recognized by Medicare, or a hospital's fiscal year specified by the commissioner if a hospital is not required to file information with Medicare, from which cost and statistical data are used to establish rates.

Case mix. "Case mix" means a hospital's admissions distribution of relative values among the diagnostic categories.

Charges. "Charges" means the usual and customary payment requested by the hospital of the general public.

Cost outlier. "Cost outlier" means the adjustment included in the relative value that is applied to the admission and outlier rates so that payment is adjusted for exceptionally high cost stays. The adjustment is applied to all admissions with an above average cost, including patients that have not yet attained the age of one in all hospitals and that have not yet attained the age of six in disproportionate population hospitals.

Cost-to-charge ratio. "Cost-to-charge ratio" means a ratio of a hospital's inpatient hospital costs to its charges for inpatient hospital services.

Day outlier. "Day outlier" means an admission where the length of stay exceeds the mean length of stay for neonate and burn diagnostic categories by one standard deviation, and in the case of all other diagnostic categories by two standard deviations.

Diagnostic categories. "Diagnostic categories" means the diagnostic classifications containing one or more diagnostic related groups (DRGs) used by the Medicare program. The DRG classifications must be assigned according to the base year program and specialty groups with modifications as specified in items A to E.

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A. Diagnostic categories eligible under the Medical Assistance non-Minnesota family investment program. The following diagnostic categories are for persons eligible under the Medical Assistance non-MFIP except as provided in items B, C or D:

	JOSTIC GORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed. CLINICAL MODIFICATIONS
A. Ner	rvous System Conditions		
(1)	Treated with Craniotomy,	001, 002	
	Age >17		
(2)	Treated with Craniotomy,	003	
(2)	Age 0-17		
(3) (4)	[Reserved for future use] [Reserved for future use]		
(5)	[Reserved for future use]		
(6)	Nervous System Neoplasms	010, 011	
(7)	[Reserved for future use]		
(8)	[Reserved for future use]		
(9)	[Reserved for future use]		
(10)	[Reserved for future use]		
(11)	[Reserved for future use]		
(12)	[Reserved for future use]		
(13)	[Reserved for future use]		
(14)	[Reserved for future use]		
	[Reserved for future use]		
(16)	Treated with Other Surgical Procedures	004, 005, 007	
(17)	Peripheral, Cranial, and Other	, ,	
(= /)	Nerve Procedure without CC	008	
(18)	Other Nervous System Diseases		
, ,	Treated Without Surgery	013, 015, 017	
(19)	Spinal Disorders/Injuries and		
	Nervous System Infection	009, 020	
(20)	Specific Cerebral Vascular		
	and Cranial/Peripheral Nerve		
(01)	Disorders	014, 018, 019	
(21)	Degenerative and Nonspecific		
	Cerebral Vascular Disorders with CC	012, 016	
(22)	Seizure and Headache	012, 010	
(23)	Traumatic Stupor with Coma	024 020	
(23)	> 1 Hr, and Coma < 1 Hr, Age		
	> 17 with CC	027, 028	
(24)	Viral Meningitis, Hypertensive		
	Encephalopathy, Concussion		
	Age > 17 with CC, Other Stupon		
	and Coma	021-023, 029,	031
(25)	Concussion, Age 0-17 and Age		
	> 17 without CC	032, 033	

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(26)	Stupor and Coma < 1 Hr, Age 0-17 and Other Disorders of the Nervous System	030, 034, 035
B. Eye	Diseases and Disorders	036-048
C. Ear	, Nose, Throat, and Diseases and D	Disorders
(1)	Treated with Tonsillectomy/	
(2)	Adenoidectomy Only Treated with Myringotomy with	059, 060
(2)	Tube Insertion, Age 0-17	062
(3)	Otitis Media and URI	068-070
(4) (5)	Dental and Oral Disorders [Reserved for future use]	185–187
(6)	Other Ear, Nose, Throat and	
	Mouth Conditions	049-058, 061, Codes in DRG 063-067, 071- 049 except
		074, 168, 169 20.96-20.98
D. Res	piratory System Conditions	
(1)	Treated with Ventilator Support	
(2)	for < 96 Hours [Reserved for future use]	475 Excludes 96.72
(3)	Treated with Ventilator Support	
	for 96 + Hours	475 Includes 96.72
(4)	Treated with Tracheostomy Except For Face, Mouth, and Neck	
	Diagnoses	483
(5)	[Reserved for future use]	
(6) (7)	Respiratory Neoplasms [Reserved for future use]	082
(8)	[Reserved for future use]	
(9)	[Reserved for future use]	
(10)	Treated with Tracheostomy for Face, Mouth, and Neck Diagnoses	482
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(13)	Major Respiratory Diseases and	
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(15)	Specific Respiratory System Diseases and Other Diseases with CC	080, 081, 083, 085, 088, 089, 094, 099
(16)	Respiratory System Diseases without CC and Bronchitis,	084, 086, 093
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(2)	[Reserved for future use] Other Cardiac Interventional	104, 100, 100
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(3)	Percutaneous Cardiac and Other Vascular Procedures	111, 112, 114,116-120, 479
(4)	<pre>{Reserved for future use} Major Cardiac Surgeries</pre>	104-106, 108
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(6)	[Reserved for future use]	
(7) (8)	[Reserved for future use] [Reserved for future use]	
(9) (10)	[Reserved for future use] Major Cardiac Disorders	
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(11)	Acute MI, Congenital Heart Disease with CC, and Endocarditis	121, 126, 135
(12) (13)	Other Circulatory Conditions Deep Vein Thrombophlebitis and	132-134, 136, 139-143, 145
(14)	Peripheral Vascular Disorders Procedures for Major Vascular	128, 130, 131
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(6) Esophagitis, Gastroent, or Misc

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387	76511, 76512, 76513, 76514
387	76513, 76514 76506, 76510 76515, 76516
387	Codes for in DRG 387 except 76500, 76516
388	
389 390	
484-487	
049	Includes 20.96-20.98 only
391	
<u>385</u>	Includes neonates who expire in the birth hospital, and discharge date is the same as the birth date
302, 191, 292 103, 480, 481, 495	DRG 191, 292 includes 52.80-52.86 only Bowel transplant includes any DRG with procedure 46.99 and Revenue Code 811 or 812 only
	387 387 388 389 390 484-487 049 391 385

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(3)	Kidney and Lung [Reserved for future use] Heart and Liver	302, 495 103, 480
(5)	[Reserved for future use] Bone marrow transplant [Reserved for future use]	481
	nditions Originating in the rinatal Period (Age >0)	389
<pre>WW. Hu (1) (2) (3)</pre>	man Immunodeficiency Virus Treated with Extensive Operating Room Procedure With Major Related Condition With or Without Other Related Condition	488 489 490

B. Diagnostic categories eligible under the Minnesota family investment program. The following diagnostic categories are for persons eligible for Medical Assistance under the MFIP except as provided in items C or D:

	GORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed. CLINICAL MODIFICATIONS
A. Ner	vous System Conditions		
(1)	Treated_with Craniotomy,	001, 002	
(2)	Age > 17 [Reserved for future use] Treated with Craniotomy, Age 0-17 and Cochlear Implants	003, 049	DRC 049 includes
		000, 040	20.96-20.98 only
(3)	[Reserved for future use] [Reserved for future use]		
(3)	Treated with Craniotomy and Cochlear Implants	001-003, 049	049 includes 20.96-20.98 only
(4)	[Reserved for future use]		
(5)	[Reserved for future use]		
	[Reserved for future use]		
	[Reserved for future use]		
(8) (9)	[Reserved for future use] [Reserved for future use]		
(10) (11)	Seizure and Headache, Age > 17 Seizure and Headache, Age 0-17		

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/10\	[Pagaryrod for future]			
(12)	[Reserved for future use] [Reserved for future use]			
	[Reserved for future use]	•		
	[Reserved for future use]			
(16)				
(10)	Disorders Treated without	012 015 0	17	
		013-015, 01		
(17)	Surgery Surgical	.019, .021,	022	
(1/)	Treated with Other Surgical	004 007	000	
/10\	Procedures	004, 007,	008	
(18)	Neoplasms and Other Nervous System Disorders	010, 011,	024 025	
(19)	Infection, Traumatic Stupor	010, 011,	034, 033	
(15)	with Coma > 1 Hr, and Other			
	Major Disorders	009, 012,	016 019	
	Major Disorders	020, 027	010, 010,	
(20)	Stupor and Coma < 1 Hr and	020, 021		
(20)	Concussion, Age > 17	023, 028-03	32	
(21)		033	32	
(21)	concussion, Age o 17	033		
B. Eve	Diseases and Disorders	036-048		
•				
C. Ear	, Nose, Throat, and Mouth Disease	s and Disor	ders	
(1)	Treated with Tonsillectomy/			
	Adenoidectomy Only	059, 060		
(2)	Treated with Myringotomy with			
	Tube Insertion, Age 0-17	062		
(3)	Otitis Media and URI	068-070		
(4)	Dental and Oral Disorders	185-187		
(5)	[Reserved for future use]			
(6)	Other Ear, Nose, Throat, and			
	Mouth Conditions	049-058, 00	61,	Codes in DRG
		063-067, 0	71-074,	049 except
		168, 169		20.96-20.98
	piratory System Conditions			
(1)	Treated with Ventilator Support		_ , ,	0.6.70
4.5.	for < 96 Hours	475	Exclude	es 96.72
(2)	[Reserved for future use]			
(3)	Treated with Ventilator Support		_ ,	07.70
	for 96 + Hours	475	Include	es 97.72
(4)	[Reserved for future use]			
(5)	[Reserved for future use]			
(6)	[Reserved for future use]			
(7)	[Reserved for future use]			
(8)	[Reserved for future use]			
(9)	[Reserved for future use]	400 400		
(10)	Treated with Tracheostomy	482, 483		
(11)	Respiratory Failure, Neoplasms,			

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(12)		079, 081, 082, 087, 088 075
(13)	Pleural Effusion, Pulmonary Embolism, Pneumothorax, and Other Disorders with CC	078, 085, 086, 092, 094, 095, 101
	Other OR Procedures	076, 077
. (15)	Other Respiratory System Diseases	080, 083, 084,
		089-091, 093, 096, 097, 099, 100, 102
		097, 099, 100, 102
	culatory System Conditions	104 106 100
(1)	Major Cardiac Surgery [Reserved for future use]	104, 106, 108
(2)	Other Cardiac and Vascular Surgery and Interventional	105, 107, 110
	Procedures	113, 115, 478
(3)	[Reserved for future use] Percutaneous Cardiac and Other	005, 111, 112, 114,
	Vascular Procedures	116-120, 479
(4)	<pre>{Reserved for future use} Major Cardiac Surgeries</pre>	104-106, 108
(5)	[Reserved for future use] Other Cardiac and Vascular	107 109 110
	Interventional and Surgical	107, 109, 110, 113, 115, 478
16)	Procedures [Reserved for future use]	
(6) (7)	[Reserved for future use]	
(8)	[Reserved for future use]	
(9)	[Reserved for future use]	
(10)	Major Cardiac Disorders Treated	121-127, 129,
	without Surgery	135, 137, 144
(11)	[Reserved for future use]	132-134, 136
(12)	Other Circulatory Conditions	132-134, 136
(13)	Deep Vein Thrombophlebitis and Peripheral Vascular Disorders	128, 130, 131
	gestive System Diseases and Disord Treated with Anal and Stomal	ers
(1) 1	Procedures	157-158
(2) I	reated with Hernia Procedures	159-163

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/3\ n	Troated with Appendectomy with	
(3)	Treated with Appendectomy with Compl. Prin Diag or CC	164-166
(4) 7	Treated with Appendectomy	104 100
\ - / -	without Compl. Prin	
	Diag or CC	167
(5) 1	reated with Other Surgical	
	Procedure	146-156, 170-171
(6) E	Esophagitis, Gastroent, or Misc	
(7)	Digestive Disorders, Age > 17	182-183
(/)	Other Digestive System Condition	172-181, 188-190
G. Hep	oatobiliary System Conditions	
(1)	Treated with Surgical Procedure	191-201, 493, 494
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(2)	[Reserved for future use]	
(3)	Cirrhosis & Alcoholic Hepatitis	202
(4) (5)	[Reserved for future use] Malignancy of Hepatobiliary	
(3)	System or Pancreas & Other	
	Disorders of Pancreas	203, 204
(6)	Other Disorders of the Liver	205, 206
(7)	Disorders of the Biliary Tract	207, 208
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	l Connective Tissues	
(1)	Treated with Major Joint and	
(0)	Limb Reattachment Procedures	209, 471, 491
(2)	Treated with Hip and Femur	210 212
(3)	Procedures or Amputation [Reserved for future use]	210-213
(4)	[Reserved for future use]	
(5)	Treated with Wound Debride or	
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(6)	Treated with Lower Extrem and	
	Humer Proc Except Hip, Foot,	
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(7)	[Reserved for future use]	
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(11)	[Reserved for future use]	
(12)	[Reserved for future use]	

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(5) Ectopic Pregnancy

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	Renal Failure and Renal	303, 304, 305, 316
	System Procedures	
(2)	Treated with Other Surgical	
	Procedure	306, 315
(3)	[Reserved for Future Use]	•
(4)	Renal Failure	316
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(5)	Other Kidney and Urinary Tract	
	Conditions	317-333
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	system procedures for non-	
	neoplasm with CC	302, 304
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(2)	Treated with D&C, Conization,	
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	Infection	368
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(4)	Red Blood Cell Disorders, Age 0-17	396	
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` '		
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(1)	Extensive Burns or Burns Treated with Surgical Procedure [Reserved for future use] Nonextensive Burns without	457–459, 472
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